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| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Maria First name Del Rosario Middle name Garfias-Galan Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-4078 | |

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Debtor 1 Maria Del Rosario Garfias-Galan

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|------------|--|---|--|--|--|
| 1. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs | | |
| 5. | Where you live | 4546 25th Avenue | If Debtor 2 lives at a different address: | | |
| | | Schiller Park, IL 60176 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | |
| | | Cook | | | |
| | | County | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | |
| bankruptcy | | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | | |

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Debtor 1 Maria Del Rosario Garfias-Galan

Case number (if known)

| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7 | | | | | |
|-----|--|--|----------------|--|---|--|--|
| | choosing to file under | | | | | | |
| | | | • | | | | |
| | | | hapter 11 | | | | |
| | | | hapter 12 | | | | |
| | | | hapter 13 | | | | |
| 8. | How you will pay the fee | | about how yo | ou may pay. Typ attorney is subi | pically, if you are paying the fee yo | k with the clerk's office in your local court for more details burself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with | |
| | | | | | tallments. If you choose this option to (Official Form 103A). | on, sign and attach the Application for Individuals to Pay | |
| | | | I request tha | it my fee be wa | aived (You may request this option | n only if you are filing for Chapter 7. By law, a judge may, | |
| | | | but is not req | uired to, waive y ur family size ar | your fee, and may do so only if yond you are unable to pay the fee ir | our income is less than 150% of the official poverty line that in installments). If you choose this option, you must fill out | |
| | | | | | | cial Form 103B) and file it with your petition. | |
| | | | | | | | |
| 9. | Have you filed for bankruptcy within the | ■ No |). | | | | |
| | last 8 years? | ☐ Ye | es. | | | | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| 10. | Are any bankruptcy | ■ No |) | | | | |
| | cases pending or being filed by a spouse who is | ☐ Ye | es. | | | | |
| | not filing this case with you, or by a business partner, or by an affiliate? | | | | | | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| 11. | Do you rent your | ■ No | Go to I | ine 12. | | | |
| | residence? | ☐ Ye | | our landlord obta | ained an eviction judgment agains | st you? | |
| | | 0 | ,s. | No. Go to line | | - | |
| | | | | | | Judgment Against You (Form 101A) and file it as part of | |
| | | | _ | this bankruptcy | | | |

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Debtor 1 Maria Del Rosario Garfias-Galan

Case number (if known)

| Part | Report About Any Bu | sinesses ` | You Owr | as a Sole Proprie | tor | | | |
|------|---|------------------------|--|--------------------------------------|---|--|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | | |
| | | ☐ Yes. | Name | and location of bus | iness | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | Name of business, if any | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | er, Street, City, Stat | te & ZIP Code | | | |
| | it to this petition. | | Chec | k the appropriate bo | x to describe your business: | | | |
| | | | | Health Care Busir | ness (as defined in 11 U.S.C. § 101(27A)) | | | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | | |
| | | | | Stockbroker (as d | efined in 11 U.S.C. § 101(53A)) | | | |
| | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | | | |
| | | | | None of the above | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines operation | ou are filing under Chapter 11, the court must know whether you are a small business debtor so that it can idlines. If you indicate that you are a small business debtor, you must attach your most recent balance she trations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follo 1 U.S.C. 1116(1)(B). | | | | | |
| | For a definition of small | No. | I am r | I am not filing under Chapter 11. | | | | |
| | ousiness debtor, see 11 J.S.C. § 101(51D). | □ No. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptc Code. | | | | | |
| | | ☐ Yes. | I am f | iling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | |
| Pari | t 4: Report if You Own or | Have Any | Hazardo | ous Property or An | y Property That Needs Immediate Attention | | | |
| 14. | Do you own or have any | | | | · · · | | | |
| | property that poses or is alleged to pose a threat of imminent and | ■ No. □ Yes. | What is | the hazard? | | | | |
| | identifiable hazard to public health or safety? | | | | | | | |
| | Or do you own any property that needs immediate attention? | | | liate attention is why is it needed? | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | | | | |
| 2.gc | | | | | Number, Street, City, State & Zip Code | | | |

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Debtor 1 Maria Del Rosario Garfias-Galan

Case number (if known)

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Maria Del Rosario Garfias-Galan Document Page 6 of 44 Case number (if known)

| Par | 6: Answer These Questi | ons for Re | eporting Purposes | | | | | | | |
|-----|--|----------------------|---|---|---|--|--|--|--|--|
| 16. | What kind of debts do you have? | 16a. | | sumer debts? Consumer debts are defi al, family, or household purpose." | ned in 11 U.S.C. § 101(8) as "incurred by an | | | | | |
| | | | ☐ No. Go to line 16b. | | | | | | | |
| | | | Yes. Go to line 17. | | | | | | | |
| | | 16b. | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. □ No. Go to line 16c. | | | | | | | |
| | | | | | | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | | | |
| | | 16c. | State the type of debts you owe | that are not consumer debts or busines | ss debts | | | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. | Go to line 18. | | | | | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | are paid that funds will be availa | you estimate that after any exempt propable to distribute to unsecured creditors' | perty is excluded and administrative expenses ? | | | | | |
| | administrative expenses are paid that funds will | | No | | | | | | | |
| | be available for distribution to unsecured creditors? | | ☐ Yes | | | | | | | |
| 18. | How many Creditors do you estimate that you | ■ 1-49 | | <u> </u> | <u></u> 25,001-50,000 | | | | | |
| | owe? | □ 50-99 □ 100-199 | | ☐ 5001-10,000 ☐ 10,001-25,000 | ☐ 50,001-100,000 ☐ More than100,000 | | | | | |
| | | ☐ 200-99 | | 10,001 23,000 | A More traintou, occ | | | | | |
| 19. | How much do you estimate your assets to | □ \$0 - \$9 | | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | | | | |
| | be worth? | | 01 - \$100,000 | ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion | | | | | |
| | | | 001 - \$500,000 001 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | | | | |
| 20. | How much do you estimate your liabilities | \$0 - \$9 | | □ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | | | | |
| | to be? | | 01 - \$100,000 001 - \$500,000 | □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion | | | | | | |
| | | | 001 - \$300,000 001 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | | | | |
| Par | 7: Sign Below | | | | | | | | | |
| For | you | I have ex | amined this petition, and I declar | e under penalty of perjury that the inforr | mation provided is true and correct. | | | | | |
| | | | | am aware that I may proceed, if eligible, of available under each chapter, and I ch | , under Chapter 7, 11,12, or 13 of title 11, noose to proceed under Chapter 7. | | | | | |
| | | | | pay or agree to pay someone who is no notice required by 11 U.S.C. § 342(b). | ot an attorney to help me fill out this | | | | | |
| | | I request | relief in accordance with the cha | pter of title 11, United States Code, spe | cified in this petition. | | | | | |
| | | | cy case can result in fines up to \$ | | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | | | | |
| | | | a Del Rosario Garfias-Galar | | or 2 | | | | | |
| | | | el Rosario Garfias-Galan e of Debtor 1 | Signature of Debto | 11 Δ | | | | | |
| | | Executed | | Executed on | | | | | | |
| | | | MM / DD / YYYY | MM | 1/DD/YYYY | | | | | |

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Debtor 1 Maria Del Rosario Garfias-Galan

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Daniel Gonzalez | Date | August 31, 2018 |
|--|---------------|----------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Daniel Gonzalez 6285539 | | |
| Printed name | | |
| Gonzalez Law Group, P.C. | | |
| Firm name | | |
| 1904 S. Cicero, Suite #1 | | |
| Cicero, IL 60804 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone 312-962-0416 | Email address | glg@gonzalezlawchicago.com |
| 6285539 IL | | |
| Bar number & State | | |

| | | Docume | ent Page 8 of 44 | |
|------------------------|--------------------------|-------------------|------------------|-----------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Maria Del Rosario | o Garfias-Galan | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your a | ssets of what you own |
|-----|--|-------------|----------------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 112,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 675.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 112,675.00 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | i abilities It you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 339,339.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 13,768.88 |
| | Your total liabilities | \$ | 353,107.88 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 627.79 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 635.00 |
| Pai | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

the court with your other schedules.

Debtor 1 Maria Del Rosario Garfias-Galan Document Page 9 of 44 Case number (if known)

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. |

\$_____

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total cl | aim |
|--|----------|------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

Case 18-24840 Doc 1 Filed 08/31/18 Entered 08/31/18 16:51:12 Desc Main Document Page 10 of 44 Fill in this information to identify your case and this filing: Debtor 1 Maria Del Rosario Garfias-Galan Last Name Debtor 2 Middle Name (Spouse, if filing) First Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? ☐ No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply 2924 N Major Ave. ☐ Single-family home Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Street address, if available, or other description Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Condominium or cooperative Manufactured or mobile home Current value of the Current value of the Chicago IL 60634-0000 Land П entire property? portion you own? \$224,000.00 \$112,000.00 City State ZIP Code Investment property Timeshare Describe the nature of your ownership interest Other (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one Joint tenant Debtor 1 only Cook ☐ Debtor 2 only County ☐ Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: Debtor is not in Mortgage, but title holder. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for \$112.000.00 pages you have attached for Part 1. Write that number here...... Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

■ No

☐ Yes

| С | Debtor 1 | Maria Del Ro | sario Garfias-Galan | Document | Page 11 of | Case number (if I | known) | |
|----|---------------------------------------|--|---|---------------------------|----------------------|--------------------------|----------------|--|
| | Watercra | aft, aircraft, moto | or homes, ATVs and o | | | es, and accessories | · | |
| | Examples | s: Boats, trailers, | motors, personal watero | raft, fishing vessels, sr | nowmobiles, motor | cycle accessories | | |
| | ■ No | | | | | | | |
| | ☐ Yes | | | | | | | |
| | | | | | | | | |
| 5 | Add the | dollar value of | the portion you own fo | or all of your entries f | rom Part 2, includ | ling any entries for | | *** |
| | .pages y | ou have attache | ed for Part 2. Write that | number here | | | .=> | \$0.00 |
| Р | art 3: Des | scribe Your Persor | nal and Household Items | | | | | |
| | | | egal or equitable intere | | ving items? | | | Current value of the |
| | | | | | | | | portion you own? Do not deduct secured |
| _ | | | | | | | | claims or exemptions. |
| Ь. | | old goods and fu es: Major appliand | u rnisnings ces, furniture, linens, chi | ina, kitchenware | | | | |
| | □ No | | | | | | | |
| | Yes. | Describe | | | | | | |
| | | | Basic household g | oods and furniture | | | | \$320.00 |
| _ | | | | | | | | |
| 7. | Electron | | | | | | | |
| | Example | | nd radios; audio, video, s phones, cameras, media | | pment; computers, | , printers, scanners; n | nusic collecti | ons; electronic devices |
| | ■ No | o.uug co | p.101100, 0a.1101a0, 1110a. | a playere, gamee | | | | |
| | ☐ Yes. | Describe | | | | | | |
| 8. | Collectik | oles of value | | | | | | |
| | Example | | figurines; paintings, prin ons, memorabilia, collect | | oks, pictures, or ot | ther art objects; stamp | p, coin, or ba | seball card collections; |
| | ■ No | | | | | | | |
| | ☐ Yes. | Describe | | | | | | |
| 9. | | ent for sports an | | | | | | |
| | Example | es: Sports, photog musical instru | graphic, exercise, and of Iments | ther hobby equipment; | bicycles, pool tabl | es, golf clubs, skis; ca | anoes and ka | yaks; carpentry tools; |
| | ■ No | | | | | | | |
| | ☐ Yes. | Describe | | | | | | |
| 10 |). Firearm | ns | | | | | | |
| | | les: Pistols, rifles | , shotguns, ammunition, | , and related equipmen | t | | | |
| | ■ No □ Yes | Describe | | | | | | |
| | | | | | | | | |
| 11 | Clothes Examp | | othes, furs, leather coats | , designer wear, shoes | , accessories | | | |
| | □ No ´ | | | | | | | |
| | Yes. | Describe | | | | | | |
| | | | Used personal clot | thing | | | | \$250.00 |
| _ | | | , | | | | | |
| 12 | 2. Jewelry | | | | | | | |
| | Examp □ No | les: Everyday jev | velry, costume jewelry, e | engagement rings, wed | lding rings, heirloo | m jewelry, watches, g | gems, gold, si | lver |
| | | Describe | | | | | | |
| | | | T | | | | | |
| | | | Misc jowelry | | | l | | \$80 OO |

Official Form 106A/B Schedule A/B: Property page 2

Document Page 12 of 44 Debtor 1 Case number (if known) Maria Del Rosario Garfias-Galan 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$650.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No \$15.00 Cash 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... \$10.00 Chase Bank Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No

Case 18-24840

Doc 1

Filed 08/31/18

Entered 08/31/18 16:51:12

Desc Main

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Case number (if known) Document Debtor 1 Maria Del Rosario Garfias-Galan Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit $\hfill \square$ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information... 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue

■ No
□ Yes. Describe each claim.......

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| Deb | or 1 Maria Del Rosario Garfias-Galan | | Case number (if known) | |
|--------------|--|------------------------------|-----------------------------|-----------------------|
| 34. (| Other contingent and unliquidated claims of every nature, inc | luding counterclaims (| of the debtor and rights to | o set off claims |
| | No | - | _ | |
| | Yes. Describe each claim | | | |
| 35. | Any financial assets you did not already list | | | |
| | No | | | |
| | Yes. Give specific information | | | |
| 36. | Add the dollar value of all of your entries from Part 4, includ | ing any entries for pag | ges you have attached | 405.00 |
| | for Part 4. Write that number here | | | \$25.00 |
| Part | 5: Describe Any Business-Related Property You Own or Have an Int | erest In. List any real esta | ate in Part 1. | |
| 37. C | o you own or have any legal or equitable interest in any business-rela | ated property? | | |
| | No. Go to Part 6. | | | |
| | Yes. Go to line 38. | | | |
| | | | | |
| Part | 6: Describe Any Farm- and Commercial Fishing-Related Property Yo | ou Own or Have an Interes | st In. | |
| | If you own or have an interest in farmland, list it in Part 1. | | | |
| 46. I | Oo you own or have any legal or equitable interest in any farn | n- or commercial fishin | ng-related property? | |
| | No. Go to Part 7. | | | |
| | ☐ Yes. Go to line 47. | | | |
| | | | | |
| Part | Describe All Property You Own or Have an Interest in That Y | ou Did Not List Above | | |
| 53. I | Oo you have other property of any kind you did not already lis | st? | | |
| | Examples: Season tickets, country club membership | | | |
| _ | No | | | |
| | Yes. Give specific information | | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write t | hat number here | | \$0.00 |
| | , , , , , , , , , , , , , , , , , , , | | | |
| Part | List the Totals of Each Part of this Form | | | |
| 55 | Part 1: Total real estate, line 2 | | | \$112,000,00 |
| 55. 56. | Part 1: Total real estate, line 2 | \$0.00 | | \$112,000.00 |
| 57. | Part 3: Total personal and household items, line 15 | \$650.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$25.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | + \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$675.00 | Copy personal property | total \$675.00 |
| | | 40.0.00 | | |

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$112,675.00

| | | 17/1/11111 | 111 1 (1111. 1.7 (1) 45 | • | |
|---------------------|--------------------------|-------------------|-------------------------|---|----------------------|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Maria Del Rosario | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is a |
| | | | | | amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemp | ptions are | you claiming? | Check one only | , even if | your spouse is | s filing with | vou. |
|----|--------------------|------------|---------------|----------------|-----------|----------------|---------------|------|
|----|--------------------|------------|---------------|----------------|-----------|----------------|---------------|------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|---|--------------------------------------|-----|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| Basic household goods and furniture Line from Schedule A/B: 6.1 | \$320.00 | - | \$320.00 | 735 ILCS 5/12-1001(b) |
| Line IIoiii Schedule A/D. 4.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Used personal clothing Line from Schedule A/B: 11.1 | \$250.00 | | \$250.00 | 735 ILCS 5/12-1001(a) |
| Line from Genedate Add. 1111 | | | 100% of fair market value, up to any applicable statutory limit | |
| Misc. jewelry Line from Schedule A/B: 12.1 | \$80.00 | | \$80.00 | 735 ILCS 5/12-1001(b) |
| Line non ocheque A.B. 1211 | | | 100% of fair market value, up to any applicable statutory limit | |
| Cash Line from Schedule A/B: 16.1 | \$15.00 | | \$15.00 | 735 ILCS 5/12-1001(b) |
| Ellie Holli Genedale A/B. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: Chase Bank Line from Schedule A/B: 17.1 | \$10.00 | | \$10.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule AVD. 1111 | | | 100% of fair market value, up to any applicable statutory limit | |

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Debtor 1 Maria Del Rosario Garfias-Galan

Are you claiming a homestead exemption of more than \$160,375?
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

| | Case 18-24840 | | ered 08/31/18 16:51 e 17 of 44 | :12 Desc M | lain | |
|---|--|--|-----------------------------------|---|--------------------------|--|
| Fill in th | nis information to identify you | | . 17 (// == | | | |
| Debtor 1 | Maria Del Rosa | rio Garfias-Galan | | | | |
| | First Name | Middle Name Last Nam | ne | | | |
| Debtor 2 (Spouse if, | | Middle Name Last Nan | 20 | | | |
| (Spouse II, | , lilling) First Name | | ie | | | |
| United S | States Bankruptcy Court for the | NORTHERN DISTRICT OF ILLINOIS | | | | |
| Case nu | ımber | | | | | |
| (if known) | | | | _ | if this is an | |
| | | | | amend | led filing | |
| Officia | al Form 106D | | | | | |
| | | Who Have Claims Secu | red by Property | | 12/15 | |
| 30110 | duic D. Cicuitors | Willo Have Claims Seed | red by 1 toperty | | 12/13 | |
| is needed | | If two married people are filing together, both a out, number the entries, and attach it to this for | | | | |
| 1. Do any | creditors have claims secured b | y your property? | | | | |
| | No. Check this box and submit t | his form to the court with your other schedule | es. You have nothing else to re | port on this form. | | |
| ■ Y | es. Fill in all of the information | below. | | | | |
| Part 1: | List All Secured Claims | | | | | |
| | | more than one secured claim, list the creditor sepa | rately | olumn B | Column C | |
| much as | possible, list the claims in alphabet | s a particular claim, list the other creditors in Part 2 ical order according to the creditor's name. | Do not deduct the th | alue of collateral at supports this aim | Unsecured portion If any | |
| フコー | nellpoint c/o McCalla aymer Pierc | Describe the property that secures the claim: | \$339,339.00 | \$224,000.00 | \$115,339.00 | |
| | editor's Name | 2924 N Major Ave. Chicago, IL 6063 | 4 | | | |
| | | Cook County | | | | |
| | N.D I 0. 0. % | Debtor is not in Mortgage, but title holder. | | | | |
| | N Dearborn St. Suite 200 | As of the date you file, the claim is: Check all the | l aat | | | |
| | nicago, IL 60602 | apply. ☐ Contingent | | | | |
| | mber, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| | , , , , , , , , , , , , , , , , , , , | ☐ Disputed | | | | |
| Who ow | es the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ Debto | or 1 only | ☐ An agreement you made (such as mortgage | or secured | | | |
| ☐ Debto | Debtor 2 only | | | | | |
| ☐ Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | | | |
| ☐ At lea | ☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit | | | | | |
| | k if this claim relates to a munity debt | Other (including a right to offset) | | | | |
| Date deb | ot was incurred | Last 4 digits of account number 45 | 547 | | | |
| Add the | e dollar value of your entries in C | column A on this page. Write that number here: | \$339,339.0 | 00 | | |

If this is the last page of your form, add the dollar value totals from all pages. \$339,339.00 Write that number here: Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | | Document | Page 1 | 8 of 44 | |
|--|---|--|--|---|---|
| Fill in thi | s information to identify your c | ase: | | | |
| Debtor 1 | Maria Del Rosario | Garfias-Galan | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fi | ling) First Name | Middle Name | Last Name | | |
| United St | ates Bankruptcy Court for the: | NORTHERN DISTRICT OF | ILLINOIS | | |
| Case nun | nber | | | | ☐ Check if this is an amended filing |
| Sched | Form 106E/F ule E/F: Creditors W | | | | 12/15 |
| any execut Schedule C Schedule E left. Attach | ory contracts or unexpired leases to Executory Contracts and Unexpired Creditors Who Have Claims Secuthe Continuation Page to this page case number (if known). | that could result in a claim. Als red Leases (Official Form 106G ired by Property. If more space e. If you have no information to | o list executory on the control of t | contracts on Schedule A/B: P any creditors with partially s the Part you need, fill it out, i | PRIORITY claims. List the other party to Property (Official Form 106A/B) and on secured claims that are listed in number the entries in the boxes on the op of any additional pages, write your |
| Part 1: | List All of Your PRIORITY Uns | | | | |
| _ | y creditors have priority unsecured | I claims against you? | | | |
| | . Go to Part 2. | | | | |
| ☐ Ye | | | | | |
| Part 2: | List All of Your NONPRIORIT | | | | |
| _ | y creditors have nonpriority unsec | - , | | | |
| ⊔ No | . You have nothing to report in this pa | art. Submit this form to the court w | ith your other sche | edules. | |
| ■ Ye | S. | | | | |
| unsec | ne creditor holds a particular claim, lis | for each claim. For each claim lis | ted, identify what t | ype of claim it is. Do not list cla | or has more than one nonpriority aims already included in Part 1. If more aims fill out the Continuation Page of |
| | | | | | Total claim |
| | Bank Of America c/o Capital onpriority Creditor's Name | Mngmt Last 4 digits of a | account number | 8048 | \$848.50 |
| 6 | 98 1/2 S. Ogden St. Suffalo, NY 14206 | When was the d | ebt incurred? | | |
| | umber Street City State Zlp Code /ho incurred the debt? Check one. | As of the date yo | ou file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | At least one of the debtors and ano | ther Type of NONPRI | ORITY unsecure | d claim: | |
| | Check if this claim is for a comm | | | | |
| | ebt | | | ration agreement or divorce th | at you did not |
| _ | the claim subject to offset? | report as priority o | | g plans, and other similar debt | · c |
| | No No | • | • | • | 3 |
| L | Yes | Other. Specify | Collection | ACCOUNT | |

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Debtor 1 Maria Del Rosario Garfias-Galan Case number (if know) 4.2 Capital One c/o Portfolio Recovery \$689.69 Last 4 digits of account number 7303 Nonpriority Creditor's Name PO Box 12914 When was the debt incurred? Norfolk, VA 23541 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Account ☐ Yes 4.3 City of Chicago \$1,397.44 Last 4 digits of account number 320A Nonpriority Creditor's Name 400 W Superior When was the debt incurred? Chicago, IL 60654 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Collection Other. Specify 4.4 Discoverbank Last 4 digits of account number 9435 \$3,324.00 Nonpriority Creditor's Name Opened 11/07/13 Last Active Po Box 15316 When was the debt incurred? 7/22/15 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ☐ Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card

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| Maria Dei Rosario Gartias-Gaian | Case number (if know) | |
|--|---|------------|
| Portfolio Rc Nonpriority Creditor's Name | Last 4 digits of account number 7303 | \$690.00 |
| 120 Corporate Blvd Ste 100 Norfolk, VA 23502 | When was the debt incurred? Opened 3/25/16 | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify 08 Capital One Bank Usa N A | |
| Spring Financial Services | Last 4 digits of account number 4375 | \$4,981.00 |
| Nonpriority Creditor's Name PO Box 89725 | When was the debt incurred? | |
| Sioux Falls, SD 57109 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | , | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| □ Yes | Other. Specify Collection Account | |
| T-mobile c/o Convergent | Last 4 digits of account number 3615 | \$1,838.25 |
| Nonpriority Creditor's Name PO Box 9004 | When was the debt incurred? | |
| Renton, WA 98057 | When was the dept incurred: | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

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Debtor 1 Maria Del Rosario Garfias-Galan

| | | | | Total Claim |
|--------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 13,768.88 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 13,768.88 |

| | | 170.611111 | 111 FAUC // UL44 | |
|---------------------|--------------------------|-------------------|------------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Maria Del Rosario | o Garfias-Galan | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | whom you have the o | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---------------------|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | <u> </u> | | <u> </u> | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| | | | | | |

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| | | DUGUIIIE | III Paue 73 L | 11 44 | |
|--|--|--|---|--|---|
| Fill in this i | information to identify your | | | | |
| Debtor 1 | Maria Del Rosario | Garfias-Galan | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing | g) First Name | Middle Name | Last Name | | |
| United State | es Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case numb | or. | | | | |
| (if known) | | | | | Check if this is an amended filing |
| Official | Form 106H | | | | |
| | ule H: Your Cod | ebtors | | | 12/15 |
| ill it out, an your name : 1. Do y No Yes 2. With | | boxes on the left. Attack . Answer every question you are filing a joint case, | n the Additional Page to . do not list either spouse roperty state or territor | as a codebtor. y? (Community property: | eded, copy the Additional Page, of any Additional Pages, write states and territories include |
| ☐ Yes. 3. In Coluin line Form 1 | 2 again as a codebtor only i | ors. Do not include your f that person is a guaran | spouse as a codebtor tor or cosigner. Make | sure you have listed the | with you. List the person shown creditor on Schedule D (Official chedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor ame, Number, Street, City, State and ZI | P Code | | Column 2: The cred Check all schedules | litor to whom you owe the debt that apply: |
| N | Name Number Street City | State | ZIP Code | ☐ Schedule D, line☐ Schedule E/F, lin☐ Schedule G, line☐ | |
| 3.2 | Name | | | _ ☐ Schedule D, line☐ Schedule E/F, lin☐ Schedule G, line☐ | e |
| | Number Street City | State | ZIP Code | | |

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| | in this information to | identifyygyn | | | | | I | | | | |
|-------------|---|---|--|---|--------------|-------|-----------------|---------------------|--------------|----------------------------------|----------|
| | in this information to btor 1 | | sserio Garfias-Galan | | | | | | | | |
| | btor 2 buse, if filing) | | | | | | | | | | |
| Uni | ited States Bankrupto | cy Court for the | NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | | |
| | se number nown) | | | | | | ☐ An a | | nt showing | g postpetition ollowing date: | |
| <u>O</u> | fficial Form | 106I | | | | | \overline{MM} | / DD/ Y` | YYY | | |
| S | chedule I: Y | our Inco | ome | | | | | | | | 12/15 |
| spo atta | use. If you are sepa ch a separate sheet | erated and you t to this form. (Employment | are married and not filii r spouse is not filing wi On the top of any additi | th you, do not inclu | ude infor | mati | on about y | our spo | use. If mo | ore space is | needed, |
| ٠. | information. | ymem | | Debtor 1 | | | _ | _ | | ling spouse | |
| | If you have more the attach a separate prinformation about a employers. | page with | Employment status | ☐ Employed■ Not employed | | | | ⊒ Emplo ⊒ Not en | • | | |
| | Include part-time, s self-employed worl | | Occupation Employer's name | | | | | | | | |
| | Occupation may in or homemaker, if it | | Employer's address | | | | | | | | |
| | | | How long employed the | here? | | | | | | | |
| Pai | rt 2: Give Deta | ails About Mon | thly Income | | | | | | | | |
| | imate monthly incoruse unless you are s | | ate you file this form. If | you have nothing to I | report for | any | line, write \$ | 0 in the | space. Inc | clude your nor | n-filing |
| | ou or your non-filing s e space, attach a sep | | ore than one employer, co this form. | ombine the information | on for all e | emplo | oyers for the | at persor | n on the lir | nes below. If y | you need |
| | | | | | | | For Debto | or 1 | | otor 2 or ng spouse | |
| 2. | | | ry, and commissions (be calculate what the monthl | | 2. | \$ | | 0.00 | \$ | N/A | |
| 3. | Estimate and list | monthly overti | me pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Ir | ncome. Add lin | e 2 + line 3. | | 4. | \$ | 0 | .00 | \$ | N/A | |

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| Deb | tor 1 | Maria Del Rosario Gartias-Galan | - | Ca | se number (<i>if kn</i> | own) | | | | |
|-----|---------------|--|------------|------|--------------------------|------|--------------|-----------|--------------------|--------|
| | | | | | | | | | | |
| | | | | F | or Debtor 1 | | | Debtor | | |
| | Cop | y line 4 here | 4. | \$ | 0 | .00 | \$ | -filing s | N/A | |
| | | y line 4 nere | | • | | | *- | | | |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | . \$ | 0 | .00 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | . \$ | 0 | .00 | \$ | | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | . \$ | 0 | .00 | \$ | | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | | | .00 | \$ | | N/A | |
| | 5e. | Insurance | 5e. | | | .00 | \$ | | N/A | |
| | 5f. | Domestic support obligations | 5f. | | | .00 | \$ | | N/A | |
| | 5g. | Union dues | 5g. | | | .00 | | | N/A | |
| | 5h. | Other deductions. Specify: | 5h | | | .00 | | | N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 0 | .00 | \$ | | N/A | |
| 7. | Calc | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0 | .00 | \$ | | N/A | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm | | | | | | | | |
| | | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | |
| | | monthly net income. | 8a | . \$ | 0 | .00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b. | . \$ | | .00 | \$ | | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive | | | | | | | | |
| | | Include alimony, spousal support, child support, maintenance, divorce | 0.0 | e e | | | ¢ | | NI/A | |
| | 8d. | settlement, and property settlement. Unemployment compensation | 8c. 8d. | | | .00 | \$ \$ | | N/A N/A | |
| | 8e. | Social Security | 8e. | | | .67 | \$ | | N/A N/A | |
| | 8f. | Other government assistance that you regularly receive | 00. | . ψ | 400 | .07 | Ψ | | 11// | |
| | | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | r. | 400 | 40 | c | | N//A | |
| | 0~ | Specify: Food stamps Pension or retirement income | _ 8f. | | 139 | | \$_ | | N/A | |
| | 8g. 8h. | Other monthly income. Specify: | 8g. 8h. | | | .00 | * + \$ | | N/A N/A | |
| | OII. | Other monthly income. Specify. | _ 011 | .+ ø | | .00 | Τ.Ψ <u> </u> | | IN/A | - |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | 627 | .79 | \$ | | N/A | |
| 10 | Calc | culate monthly income. Add line 7 + line 9. | 10. | \$ | 627.79 | + \$ | | N/A | = \$ | 627.79 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | Ψ | 027.73 | . _ | | 11// | $ ^{ \Psi } - $ | 021.13 |
| 11. | Stat Inclu | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a | depe | | | | • | | ∍ J. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | | 12. | \$Combin | 627.79 |
| | | | | | | | | | | income |
| 13. | Do y | ou expect an increase or decrease within the year after you file this form | ? | | | | | | - | |
| | | No. | | | | | | | | |
| | | Ves Evolain: | | | | | | | | |

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| Fill | in this information to identify | your case: | | | | | | |
|------------|--|--|---|----------------------------------|------------|--|-------------------------------|------|
| Deb | otor 1 Maria Del F | Rosario Garfias-Galan | | | Che | ck if this is: | | |
| | | | | | | An amended filing | | |
| | otor 2 | | | | | | ing postpetition chapte | er |
| (Spo | ouse, if filing) | | | | | 13 expenses as of t | the following date: | |
| Unit | ed States Bankruptcy Court for the | he: NORTHERN DISTRICT | OF ILLINOIS | | - | MM / DD / YYYY | | |
| Cas | e number | | | | | | | |
| (If kı | nown) | | | | | | | |
| Of | fficial Form 106J | | | | | | | |
| S | chedule J: Your | Fynenses | | | | | 15 | 2/15 |
| Be info | as complete and accurate or complete and accurate or mation. If more space is not make (if known). Answer ev | as possible. If two married needed, attach another she | people are filing to et to this form. On | ogether, both the top of a | n are equ | ally responsible fo onal pages, write y | r supplying correct | |
| Par | t 1: Describe Your Hou | sehold | | | | | | |
| 1. | Is this a joint case? | | | | | | | |
| | ■ No. Go to line 2. | | | | | | | |
| | ☐ Yes. Does Debtor 2 liv | e in a separate household? | | | | | | |
| | □ No | | | | | | | |
| | | nust file Official Form 106J-2, | Expenses for Sepa | rate Househo | old of Deb | otor 2. | | |
| 2 | De you have dependents | 2 🗖 🗤 | | | | | | |
| 2. | Do you have dependents | ? □ No | | | | | | |
| | Do not list Debtor 1 and Debtor 2. | ■ Yes. Fill out this inform each dependent | • | dent's relation 1 or Debtor 2 | ship to | Dependent's age | Does dependent live with you? | |
| | Do not state the | | | | | | □ No | |
| | dependents names. | | Daug | hter | | 3 | Yes | |
| | | | | | | | □ No | |
| | | | | | | | ☐ Yes | |
| | | | | | | | □ No | |
| | | | | | | | ☐ Yes | |
| | | | | | | | □ No | |
| 2 | Da aumamana in alud | _ | | | | | ☐ Yes | |
| 3. | Do your expenses includ expenses of people other yourself and your dependence. | r than | | | | | | |
| | yoursell and your depend | uents: | | | | | | |
| | | oing Monthly Expenses | | | | | | |
| exp | imate your expenses as of penses as of a date after the plicable date. | | | | | | | |
| | lude expenses paid for with value of such assistance a | | | | | | | |
| (Off | ficial Form 106l.) | | | | | Your expe | enses | |
| 4. | The rental or home owne payments and any rent for | rship expenses for your re the ground or lot. | sidence. Include fir | st mortgage | 4. \$ | . | 200.00 | |
| | If not included in line 4: | | | | | | | |
| | 4a. Real estate taxes | | | | 4a. \$ | 8 | 0.00 | |
| | | er's, or renter's insurance | | | 4b. § | · | 0.00 | |
| | | repair, and upkeep expense | 5 | | 4c. \$ | | 0.00 | |
| | 4d. Homeowner's assoc | iation or condominium dues | | | 4d. \$ | | 0.00 | |
| 5. | Additional mortgage pay | ments for your residence, s | uch as home equity | / loans | 5. \$ | 5 | 0.00 | |

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| ebtor 1 | Maria Del R | osario Garfias-Galan | | Case numl | per (if known) | |
|----------------|--|--|------------------------------|---------------------|----------------|-----------------------|
| . Util | ities: | | | | | |
| . Otili 6a. | Electricity, hea | at. natural gas | | 6a. | \$ | 0.00 |
| 6b. | • | garbage collection | | 6b. | \$ | 0.00 |
| 6c. | | ell phone, Internet, satellite, and cable | services | 6c. | · | 50.00 |
| 6d. | Other. Specify | • | , services | 6d. | · | 0.00 |
| | d and houseke | | | ou. 7. | \$ | |
| | | | | | · | 270.00 |
| _ | | dren's education costs | | 8. | \$ | 0.00 |
| | | and dry cleaning | | 9. | \$ | 40.00 |
| | • | lucts and services | | 10. | \$ | 25.00 |
| | lical and dental | • | | 11. | \$ | 0.00 |
| | nsportation. Inc not include car p | lude gas, maintenance, bus or train fa | are. | 12. | \$ | 50.00 |
| | | os, recreation, newspapers, magaz | vines and books | 13. | · | 0.00 |
| | | | illes, allu books | | • | |
| | | itions and religious donations | | 14. | Φ | 0.00 |
| | ırance. | ance deducted from your pay or inclu | ided in lines 4 or 20 | | | |
| | not include insur . Life insurance | | ueu III IIIIes 4 01 20. | 15a. | \$ | 0.00 |
| | . Health insurar | | | 15a. 15b. | · | 0.00 |
| | | | | | · | |
| | . Vehicle insura | | | 15c. | · | 0.00 |
| | . Other insuran | | | 15d. | \$ | 0.00 |
| _ | | de taxes deducted from your pay or in | icluded in lines 4 or 20. | 4.0 | Φ. | |
| | cify: | | | 16. | \$ | 0.00 |
| | allment or lease | | | 47- | Φ. | 0.00 |
| | . Car payments | | | 17a. | · | 0.00 |
| | . Car payments | | | 17b. | · | 0.00 |
| | Other. Specify | | | 17c. | · | 0.00 |
| | . Other. Specify | | | 17d. | \$ | 0.00 |
| | | alimony, maintenance, and support | | | ¢ | 0.00 |
| | | r pay on line 5, Schedule I, Your In | | . 10. | · | |
| | | u make to support others who do i | not live with you. | 40 | \$ | 0.00 |
| | cify: | | F - (d) - (| 19. | | |
| | | expenses not included in lines 4 c | or 5 of this form or on Sch | eauie i: Yo 20a. | | 0.00 |
| | . Mortgages on | | | | | 0.00 |
| | . Real estate ta | | | 20b. | · | 0.00 |
| | | neowner's, or renter's insurance | | 20c. | · | 0.00 |
| | | repair, and upkeep expenses | | 20d. | | 0.00 |
| 20e | . Homeowner's | association or condominium dues | | 20e. | \$ | 0.00 |
| . Oth | er: Specify: | | | 21. | +\$ | 0.00 |
| | | athly avecage | | | | |
| | culate your mor . Add lines 4 thro | • • | | | c | C2E 00 |
| | | 9 | . fram Official Farm 100 0 | | \$ | 635.00 |
| | | nonthly expenses for Debtor 2), if any | | | \$ | |
| 22c | . Add line 22a ar | nd 22b. The result is your monthly ex | penses. | | \$ | 635.00 |
| اوی ۲ | culate vour mor | nthly net income. | | | | |
| | • | your combined monthly income) from | Schadula I | 23a. | \$ | 627 70 |
| | | onthly expenses from line 22c above. | i Goriedule I. | 23a. 23b. | | 627.79 |
| 23 0 | . Copy your mo | minny expenses nom line 220 above. | | ۷۵۵. | -φ | 635.00 |
| 220 | Subtract vous | monthly expenses from your monthly | / income | | | |
| 23C | | monthly expenses from your monthly your monthly net income. | income. | 23c. | \$ | -7.21 |
| | THE TESUIT IS Y | out monthly het income. | | | <u> </u> | |
| | | nerease or decrease in your expen | ses within the year after ye | ou file this | form? | |
| 4. Do | vou expect an i | liciease di declease ili volli extieti | | | | |
| | | spect to finish paying for your car loan with | | | | or decrease because o |
| For | example, do you ex | | | | | or decrease because o |
| For | example, do you exification to the term | spect to finish paying for your car loan within | | | | or decrease because o |

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| Fill in this infor | mation to identify your | | | | |
|---------------------|----------------------------|------------------------------|--------------------------------|-------------------------|---|
| | | | | | |
| Debtor 1 | Maria Del Rosario | o Gartias-Galan Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | T OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| Official For | m 106Doc | | | | |
| - | | | | | |
| Declarat | tion About a | an Individual | l Debtor's Scl | hedules | 12/15 |
| · | | | onsible for supplying corre | | |
| obtaining mone | | in connection with a ban | | | ement, concealing property, or 00, or imprisonment for up to 20 |
| Sig | n Below | | | | |
| Sig | II Delow | | | | |
| Did you pa | ay or agree to pay some | eone who is NOT an atto | rney to help you fill out ba | ankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | kruptcy Petition Preparer's Notice, |
| | | | | Declaration | , and Signature (Official Form 119) |
| | alty of perjury, I declare | e that I have read the sum | | d with this declaration | _ |
| | e true and correct. | | nmary and schedules filed | | on and |
| X /s/ Mai | ria Del Rosario Garfi | as-Galan | nmary and schedules filed X | | on and |

Date

Date August 31, 2018

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| Fill | l in this info | rmation to identify yo | ur case: | | | | | |
|------------|--------------------|---------------------------|--|-----------------|---|------------------------------------|---------------|---|
| De | btor 1 | | rio Garfias-Galan | | | | | |
| Do | btor 2 | First Name | Middle Name | | Last Name | | | |
| 1 | ouse if, filing) | First Name | Middle Name | | Last Name | | | |
| Un | ited States B | ankruptcy Court for the | : NORTHERN DIST | RICT OF ILL | INOIS | | | |
| | se number nown) | | | | | | _ | heck if this is an nended filing |
| St | atemen | and accurate as pos | Affairs for Incisible. If two married poly, attach a separate sh | eople are fil | ing together, both are | equally respons | ible for supp | |
| | | vn). Answer every qu | | 1001 10 11110 1 | | y additional pago | o, milo you. | Tiamo ana oaco |
| Pa | rt 1: Give | Details About Your M | larital Status and Whe | ere You Live | d Before | | | |
| 1. | What is yo | ur current marital sta | tus? | | | | | |
| | ☐ Marrie | d | | | | | | |
| | ■ Not ma | _ | | | | | | |
| 2. | During the | last 3 years, have yo | u lived anywhere othe | r than where | e you live now? | | | |
| | ■ No | | | | | | | |
| | _ | ist all of the places you | lived in the last 3 years | s. Do not incl | ude where you live nov | v. | | |
| | Debtor 1 F | Prior Address: | Dates De lived the | | Debtor 2 Prior Ad | ldress: | | Dates Debtor 2 lived there |
| 3. stat | | | ever live with a spouse alifornia, Idaho, Louisia | | | | | |
| Pa | | Make sure you fill out So | chedule H: Your Codeb ur Income | tors (Official | Form 106H). | | | |
| 4. | Fill in the to | tal amount of income y | employment or from o ou received from all job u have income that you | s and all bus | inesses, including part | -time activities. | vious calen | dar years? |
| | | | Debtor 1 | | | Debtor 2 | | |
| | | | Sources of income Check all that apply. | (be | oss income efore deductions and clusions) | Sources of inc Check all that a | | Gross income (before deductions and exclusions) |

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Case number (if known) Document Debtor 1 Maria Del Rosario Garfias-Galan

| 5. | Include and oth | e income re ner public l | egardlo oenefit | ess of wheth payments; | er that inco pensions; re | omé is taxable. Ex ental income; inte | xamples of erest; divid | ends; money colle | ? alimony; child supp cted from lawsuits; only once under Do | royalties; an | | |
|----|---------------------------------------|--|--|--|---|---|---|--|---|--|---|----|
| | List ead | ch source | and th | e gross inco | me from ea | ach source separa | ately. Do r | ot include income | that you listed in lir | ne 4. | | |
| | | 0 | | | | | | | | | | |
| | ■ Ye | es. Fill in tl | he det | ails. | | | | | | | | |
| | | | | | Debtor 1 | | | | Debtor 2 | | | |
| | | | | | | of income pelow. | each | s income from source e deductions and iions) | Sources of inc Describe below | | Gross income (before deductionand exclusions) | |
| | | ary 1 of countries | | t year until cruptcy: | Social Senefits | | | \$3,420.69 | | | | |
| | | lendar ye to Decen | | 1, 2017) | Social Senefits | | | \$5,864.00 | | | | |
| | | lendar yea to Decen | | | Social Senefits | | | \$5,864.00 | | | | |
| | | During Note: Note | g the S No. 'es pject to or 1 or g the S No. | O days before Go to line 7 List below expaid that create adjustment of Debtor 2 or 00 days before Go to line 7 List below expending below expended include paying attorney for | re you filed ach credito editor. Do n payments to on 4/01/19 r both haw re you filed each credito ments for d | or to whom you payor to include payme of an attorney for and every 3 year or to whom you payor to whom you payor to whom you payor to uptcy case. | aid a total of this bankris after the sumer debidid you pay | of \$6,425* or more mestic support obliuptcy case. at for cases filed or ts. of any creditor a tot of \$600 or more are, such as child support of such as child support of such as child support of \$600 or more are, such as child support of \$600 or more are, such as child support of \$600 or more are. | al of \$6,425* or mo in one or more pay gations, such as ch n or after the date of al of \$600 or more? | yments and to hild support a of adjustment of you paid tha Also, do not i | and alimony. Alsó, o t creditor. Do not include payments to | do |
| | Credit | tor's Nam | e and | Address | | Dates of paym | ent | Total amount paid | Amount you still owe | Was this p | payment for | |
| 7. | Insiders of which a busin alimony No | s include y th you are ness you o y o es. List all | our re an offi perate | latives; any cer, director, as a sole pre | general par person in o oprietor. 11 | thers; relatives o control, or owner I U.S.C. § 101. In | f any gene of 20% or nclude pay | eral partners; partn more of their votin ments for domestic | owed anyone who erships of which yo g securities; and an e support obligation | u are a gene ny managing s, such as ch | eral partner; corpora agent, including or nild support and | |
| | inside | er's Name | and A | uuress | | Dates of paym | HII | Total amount paid | Amount you still owe | Reason to | or this payment | |

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| 0 | Within 1 year hefers you filed for hankrunt | ov, did vou make env nev | manta ar transfar s | any proporty on c | securit of a de | ht that banafitad an |
|-----|---|--|----------------------|----------------------|-------------------------|-----------------------------|
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos | | ments or transfer a | any property on a | account of a de | ept that benefited an |
| | ■ No □ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment itor's name |
| Pa | rt 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | e case |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. | | erty repossessed, f | foreclosed, garni | shed, attached | l, seized, or levied? |
| | Creditor Name and Address | Describe the Property Explain what happened | d | Date | | Value of the property |
| 11. | Within 90 days before you filed for bankrul accounts or refuse to make a payment bec No Yes. Fill in the details. Creditor Name and Address | | | | action was | mounts from your |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ■ No □ Yes | | erty in the possess | ion of an assigne | ee for the bene | fit of creditors, a |
| Pa | tt 5: List Certain Gifts and Contributions | | | | | |
| 13. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift. | otcy, did you give any gift | s with a total value | of more than \$60 | 00 per person? | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | Date the g | s you gave gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | | |
| 14. | Within 2 years before you filed for bankrup No Yes. Fill in the details for each gift or cor | | s or contributions | with a total value | of more than | \$600 to any charity? |
| | Gifts or contributions to charities that tot more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | u contributed | | s you ributed | Value |
| Pal | rt 6: List Certain Losses | | | | | |

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Page 32 of 44 Case number (if known) Document Debtor 1 Maria Del Rosario Garfias-Galan

| | or gambling? | | | | | |
|-----|---|----------------------|---|-----------------|--|------------------------|
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Describe the property you lost and how the loss occurred | Include | be any insurance coverage for the loes the amount that insurance has paid. Lince claims on line 33 of Schedule A/B: F | ist pending | Date of your loss | Value of property lost |
| Par | t 7: List Certain Payments or Transfers | | | , , | | |
| | Within 1 year before you filed for bankrup consulted about seeking bankruptcy or p Include any attorneys, bankruptcy petition pr | otcy, di oreparii | ng a bankruptcy petition? | | | rty to anyone you |
| | Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo | ou | Description and value of any prope transferred | erty | Date payment or transfer was made | Amount of payment |
| | Gonzalez Law Group, P.C. 1904 S. Cicero, Suite #1 Cicero, IL 60804 glg@gonzalezlawchicago.com | | Attorney Fees \$0 Filing fee \$335 | | 08/15/18 | \$335.00 |
| 17. | Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that No Yes. Fill in the details. | litors o | r to make payments to your creditors | | or transfer any prope | rty to anyone who |
| | Person Who Was Paid Address | | Description and value of any prope transferred | erty | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for bankru transferred in the ordinary course of you include both outright transfers and transfers include gifts and transfers that you have alrest No Yes. Fill in the details. | r busin made a | ess or financial affairs? as security (such as the granting of a se | | | |
| | Person Who Received Transfer Address | | Description and value of property transferred | | any property or received or debts change | Date transfer was made |
| | Person's relationship to you | | | | | |
| 19. | Within 10 years before you filed for banks beneficiary? (These are often called asset— ■ No □ Yes. Fill in the details. | | | elf-settled tru | ust or similar device o | of which you are a |
| | Name of trust | | Description and value of the prope | rty transferr | red | Date Transfer was |

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Debtor 1 Maria Del Rosario Garfias-Galan

| Pa | rt 8: List of Certain Financial Accounts, Instru | uments, Safe Deposit | Boxes, and S | torage Unit | s | |
|-----|---|--|-------------------|--------------|--|---|
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or chouses, pension funds, cooperatives, associa | other financial accour | nts; certificate | s of deposi | | , |
| | ■ No □ Yes. Fill in the details. | , | | | | |
| | | ast 4 digits of ccount number | Type of acco | ount or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables? | ar before you filed for | bankruptcy, a | ıny safe dep | oosit box or other depos | sitory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, State and ZIP Code) | | Describe | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or p | place other than your | home within 1 | 1 year befor | e you filed for bankrupt | cy? |
| | No | | | | | |
| | Yes. Fill in the details. Name of Storage Facility | Who else has or h | and accors | Doscribo | the contents | Do you still |
| | Address (Number, Street, City, State and ZIP Code) | to it? Address (Number, State and ZIP Code) | | Describe | the contents | have it? |
| Pa | rt 9: Identify Property You Hold or Control fo | r Someone Else | | | | |
| 23. | Do you hold or control any property that some for someone. | eone else owns? Inclu | ıde any prope | rty you borı | rowed from, are storing | for, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | Value |
| Pa | rt 10: Give Details About Environmental Inform | nation | | | | |
| For | the purpose of Part 10, the following definitions | s apply: | | | | |
| | Environmental law means any federal, state, o toxic substances, wastes, or material into the regulations controlling the cleanup of these states. | air, land, soil, surface | water, groun | | | |
| | Site means any location, facility, or property a to own, operate, or utilize it, including disposa | • | environmental | law, wheth | er you now own, operat | e, or utilize it or used |
| | Hazardous material means anything an enviro hazardous material, pollutant, contaminant, or | | as a hazardous | s waste, ha | zardous substance, tox | ic substance, |
| Rep | port all notices, releases, and proceedings that | you know about, rega | rdless of whe | n they occu | ırred. | |
| 24. | Has any governmental unit notified you that yo | ou may be liable or po | otentially liable | under or i | n violation of an enviror | nmental law? |
| | | | | | | |

| lama of cita | Covernmental unit | Environmental law if you | Data of nation |
|---------------------------------|-------------------|--------------------------|----------------|
| 1 Yes. Fill in the details. | | | |

Address (Number, Street, City, State and ZIP Code)

know it

| Del | otor 1 | Maria Del Rosario Garfias-Galan | Document | Page 34 of | Case numb | ber (if known) | | | |
|------------|--|---|--|-------------------|--|----------------------------|--------------------|--|--|
| | | | | | | | | | |
| 25. | Hav | e you notified any governmental unit of a | any release of hazardo | us material? | | | | | |
| | | No | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental un Address (Number, S ZIP Code) | | | onmental law, if you it | Date of notice | | |
| 26. | Hav | e you been a party in any judicial or adm | inistrative proceeding | under any envir | onmental I | law? Include settleme | ents and orders. | | |
| | | No | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | | se Title se Number | Court or agency Name Address (Number, S State and ZIP Code) | Street, City, | Nature of t | the case | Status of the case | | |
| Par | t 11: | Give Details About Your Business or C | Connections to Any Bu | siness | | | | | |
| 27 | Witl | hin 4 years before you filed for bankrupto | v did vou own a busir | ness or have an | v of the foll | lowing connections to | any husiness? | | |
| | •••• | ☐ A sole proprietor or self-employed in | | | | _ | o uny buomeso. | | |
| | | _ | • | · · | | mile or pair anno | | | |
| | | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | |
| | | ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation | | | | | | | |
| | | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | |
| | _ | | | | | | | | |
| | No. None of the above applies. Go to Part 12. | | | | | | | | |
| | Yes. Check all that apply above and fill in the details below for each business. Business Name Describe the nature of the business Employer Identification number | | | | | | | | |
| | Ad | dress | | | Employer Identification number Do not include Social Security number or ITIN. | | | | |
| | (Nu | mber, Street, City, State and ZIP Code) | Name of accountant o | r bookkeeper | Dates | s business existed | | | |
| 28. | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. | | | | | | | | |
| | | No | | | | | | | |
| | | Yes. Fill in the details below. | | | | | | | |
| | Name Date Issued Address | | | | | | | | |
| | | mber, Street, City, State and ZIP Code) | | | | | | | |
| Par | t 12: | Sign Below | | | | | | | |
| are t | true a ba | ad the answers on this <i>Statement of Fina</i> and correct. I understand that making a fankruptcy case can result in fines up to \$. §§ 152, 1341, 1519, and 3571. | alse statement, conce | aling property, o | or obtaining | g money or property b | | | |
| | | ia Del Rosario Garfias-Galan | | | | | | | |
| | | Del Rosario Garfias-Galan re of Debtor 1 | Signature of D | Debtor 2 | | | | | |
| Dat | e _ | August 31, 2018 | Date | | | | | | |
| Did | you | attach additional pages to Your Statemer | nt of Financial Affairs f | or Individuals F | iling for Ba | ankruptcy (Official Fo | rm 107)? | | |
| I N | | | | | | | | | |
| □ Y | 'es | | | | | | | | |
| Did | you | pay or agree to pay someone who is not | an attorney to help you | u fill out bankru | ptcy forms | i? | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

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Case number (if known) Document

Debtor 1 Maria Del Rosario Garfias-Galan

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| Fill in this inform | nation to identify your | casa: | | |
|--------------------------------------|--------------------------------------|-----------------------|--|---|
| Debtor 1 | Maria Del Rosario | | | |
| Debtor I | First Name | Middle Name | Last Name | _ |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | _ |
| United States Bar | nkruptcy Court for the: | NORTHERN DIS | TRICT OF ILLINOIS | |
| Case number | | | | _ |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| 000 - 15 | 400 | | | |
| Official For | | | | _ |
| Statemen | <u>it of Intentio</u> | n for Indiv | viduals Filing Under Cha | apter 7 12/15 |
| If you are an indiv | vidual filing under cha | pter 7, you must fi | Il out this form if: | |
| creditors have | claims secured by yo | ur property, or | | |
| | ed personal property a | | | |
| | ver is earlier, unless th | | you file your bankruptcy petition or by the control time for cause. You must also send copies | |
| | ople are filing togethe | r in a joint case, bo | oth are equally responsible for supplying co | rect information. Both debtors must |
| Be as complete a | and accurate as possib | le. If more space is | s needed, attach a separate sheet to this for | m. On the top of any additional pages, |
| write yo | our name and case nur | mber (if known). | • | , |
| Part 1: List Yo | our Creditors Who Have | e Secured Claims | | |
| 1. For any credito | ors that you listed in Pa | art 1 of Schedule D | D: Creditors Who Have Claims Secured by Pr | operty (Official Form 106D), fill in the |
| information be Identify the cre | low. editor and the property t | hat is collateral | What do you intend to do with the proper secures a debt? | ty that Did you claim the property as exempt on Schedule C? |
| | | | | |
| | hellpoint c/o McCall | a Raymer | ■ Surrender the property. | □ No |
| name: Pi | ierc | | ☐ Retain the property and redeem it. | - v |
| Description of | 2024 N Maior Ave | Chinama II | ☐ Retain the property and enter into a | ■ Yes |
| Description of property | 2924 N Major Ave. 60634 Cook Coun | | Reaffirmation Agreement. Retain the property and [explain]: | |
| securing debt: | Debtor is not in Mo | • | = rectain the property and texplain. | |
| | title floider. | | | |
| | our Unexpired Persona | | in Cabadula Ca Furantama Contracta and He | anning disease (Official Form 1000) (ill |
| in the information | n below. Do not list rea | al estate leases. Ur | in Schedule G: Executory Contracts and Unexpired leases are leases that are still in eff the trustee does not assume it. 11 U.S.C. § 3 | ect; the lease period has not yet ended. |
| Describe your u | nexpired personal pro | perty leases | | Will the lease be assumed? |
| _ | , , , , , , , , , | | | |
| Lessor's name: Description of lea | sed | | | □ No |
| Property: | | | | ☐ Yes |
| Lessor's name: | | | | □ No |
| Description of lea Property: | sed | | | ☐ Yes |
| | | | | □ res |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| De | btor 1 | Maria Del Rosario Garfias-Galan | Case number (if known) | |
|-----|---------------------|--|--|--|
| | | | | |
| | ssor's na | | □ No | |
| | scriptior perty: | of leased | ☐ Yes | |
| | | | | |
| | ssor's na | | □ No | |
| | perty: | of leased | ☐ Yes | |
| ا م | ssor's na | ame. | □ No | |
| | | of leased | □ NO | |
| | perty: | | ☐ Yes | |
| Les | ssor's na | ame: | □ No | |
| De | scriptior | of leased | | |
| Pro | perty: | | ☐ Yes | |
| Les | ssor's na | ame: | □ No | |
| | | of leased | | |
| Pro | perty: | | ☐ Yes | |
| Pa | rt 3: | Sign Below | | |
| | /s/ M | at is subject to an unexpired lease. aria Del Rosario Garfias-Galan | intention about any property of my estate that secures a debt and any personal X | |
| | | a Del Rosario Garfias-Galan | Signature of Debtor 2 | |
| | Signa | ture of Debtor 1 | | |
| | Date | August 31, 2018 | Date | |
| | | | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-24840 Doc 1 Filed 08/31/18 Entered 08/31/18 16:51:12 Desc Main Document Page 42 of 44

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In re | Maria Del Rosario Garfias-Galan | | Case No | O. | | |
|-------|--|------------------------------------|-----------------------|--------------------|----------------------|--|
| | | Debtor(s) | Chapter | 7 | | |
| | DISCLOSURE OF COMPEN | SATION OF ATTO | RNEY FOR I | DEBTOR(S) | | |
| C | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(becompensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of | of the petition in bankruptc | y, or agreed to be pa | id to me, for serv | | |
| | For legal services, I have agreed to accept | | \$ | 995.00 | _ | |
| | Prior to the filing of this statement I have received | | | 0.00 | - | |
| | Balance Due | | \$ | 995.00 | <u> </u> | |
| 2. | The source of the compensation paid to me was: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 3. | The source of compensation to be paid to me is: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 4. | I have not agreed to share the above-disclosed comper | nsation with any other perso | n unless they are me | embers and associ | ates of my law firm. | |
| | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name | | | | f my law firm. A | |
| 5. | In return for the above-disclosed fee, I have agreed to rend | der legal service for all aspe | cts of the bankruptc | y case, including: | | |
| t | a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. | | | | | |
| 6. I | By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding. | | | | | |
| | | CERTIFICATION | | | | |
| | certify that the foregoing is a complete statement of any ankruptcy proceeding. | agreement or arrangement fo | or payment to me fo | r representation o | f the debtor(s) in | |
| A | ugust 31, 2018 | /s/ Daniel Gonza | alez | | | |
| D | ate | Daniel Gonzalez | | | | |
| | | Signature of Attorn Gonzalez Law G | | | | |
| | | 1904 S. Cicero, | Suite #1 | | | |
| | | Cicero, IL 60804 | l ax: 312-276-4104 | Ĺ | | |
| | | glg@gonzalezla | | | | |
| | | Name of law firm | | | | |

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United States Bankruptcy Court Northern District of Illinois

| In re | Maria Del Rosario Garfias-Galan | | Case No. | | | | |
|-------|---|--|-----------|---|--|--|--|
| | | Debtor(s) | Chapter 7 | | | | |
| | VERIFICATION OF CREDITOR MATRIX | | | | | | |
| | | Number of C | reditors: | 8 | | | |
| | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. | | | | | | |
| Date: | August 31, 2018 | /s/ Maria Del Rosario Garfias-Ga Maria Del Rosario Garfias-Galar Signature of Debtor | | | | | |

Bank Of America c/o Capital Mngmt 698 1/2 S. Ogden St. Buffalo, NY 14206

Capital One c/o Portfolio Recovery PO Box 12914 Norfolk, VA 23541

City of Chicago 400 W Superior Chicago, IL 60654

Discoverbank Po Box 15316 Wilmington, DE 19850

Portfolio Rc 120 Corporate Blvd Ste 100 Norfolk, VA 23502

Shellpoint c/o McCalla Raymer Pierc 1 N Dearborn St. Suite 1200 Chicago, IL 60602

Spring Financial Services PO Box 89725 Sioux Falls, SD 57109

T-mobile c/o Convergent PO Box 9004 Renton, WA 98057